

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Bertha May Armstrong

Died at Hermansville TownCounty St. Marys

MARYLAND

Date of death 1906 Month MayDay 29<sup>th</sup>Age Six Years

Months

Days

Sex FemaleColor or Race ColoredBirthplace Maryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's Name William Ellis ArmstrongFather's Birthplace MarylandMother's Maiden Name Susie Maria WhalenMother's Birthplace MarylandName of person giving  
In formation William Ellis ArmstrongHow related  
to deceased Father

## CAUSES OF DEATH

Primary

Consumption (27)

How long

About 8 weeks

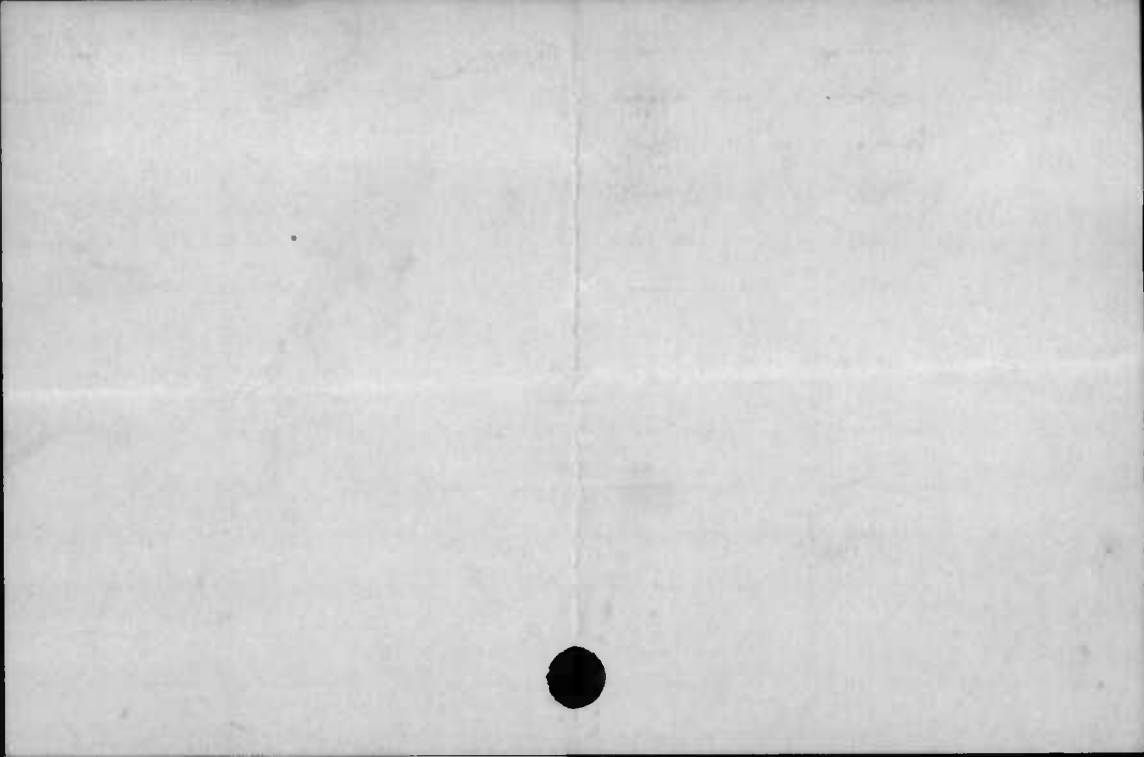
Immediate

Are the name, age, sex, color, date  
and place correctly given above?YesSignature of  
Physician

Address

A. L. Hodges M.D.  
Pearson Post Office,  
Maryland

Accident or Suicide?



Name  
in  
Full

Gertrude Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Leonardtown* Town *Anne* CountyDate of death *1906* Month *5* Day *2* Age *17* Years Months DaysSex *Female* Color or Race *Black* Birthplace *Annapolis*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Joseph Brooks*Father's Birthplace *Annapolis*Mother's Maiden Name *Don't Know*Mother's Birthplace *Don't Know*Name of person giving information *St Marys Estepin*

How related to deceased

## CAUSES OF DEATH

Primary *Tuberculosis*How long *8 months*Immediate *Exhaustion*

How long

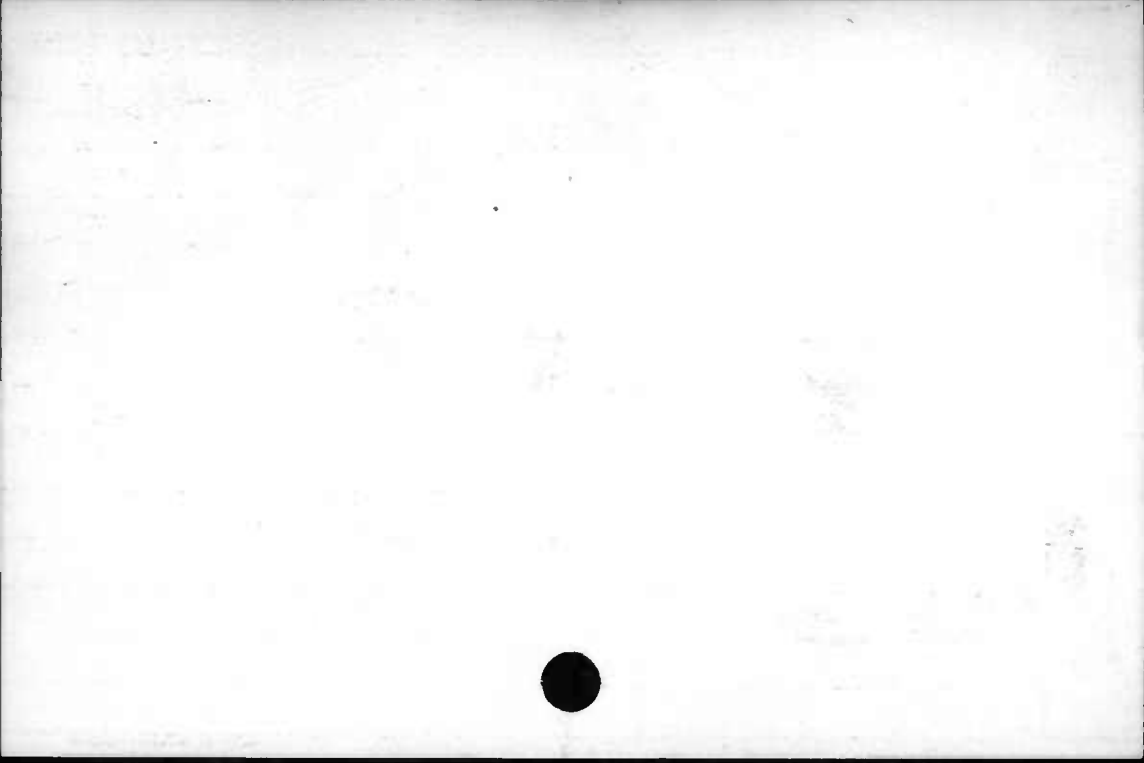
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Thos L. Quirk*  
*Leonardtown*

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Name in Full *Maggie Butler*

Town

County

Died at

*Hillier*

St Mary's

Date

Month

Day

Years

Months

Days

of death

*1906**May**15*

Age

*19*

Sex

*Female*Color or  
Race*Black*Birth-  
place*St Mary's Co*

Occupation

*Servant*Where Residing if not  
at place of death*same place*

Married, Single

~~Widowed~~Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden Name*Malilda Butler*Mother's  
Birthplace*St Mary's Co*Name of person giving  
In formation*Brother*How related  
to deceased

## CAUSES OF DEATH

Primary

*Tuberculosis*

How long

*12 mos*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*J. V. King**Over the**Ind.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Eileen Davis* Town *Wynne P.O.* County *St. Mary's*

Died at *Wynne P.O.* Date of death *1906 May 26* Age *47 1/2* Months *0* Days *0*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Domestic* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John Davis*

Father's Name *John Davis* Father's Birthplace *—*

Mother's Maiden Name *Unknown* Mother's Birthplace *—*

Name of person giving information *Richard Roland* How related to deceased *Son-in-law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Indigestion (Acute)* How long *3*

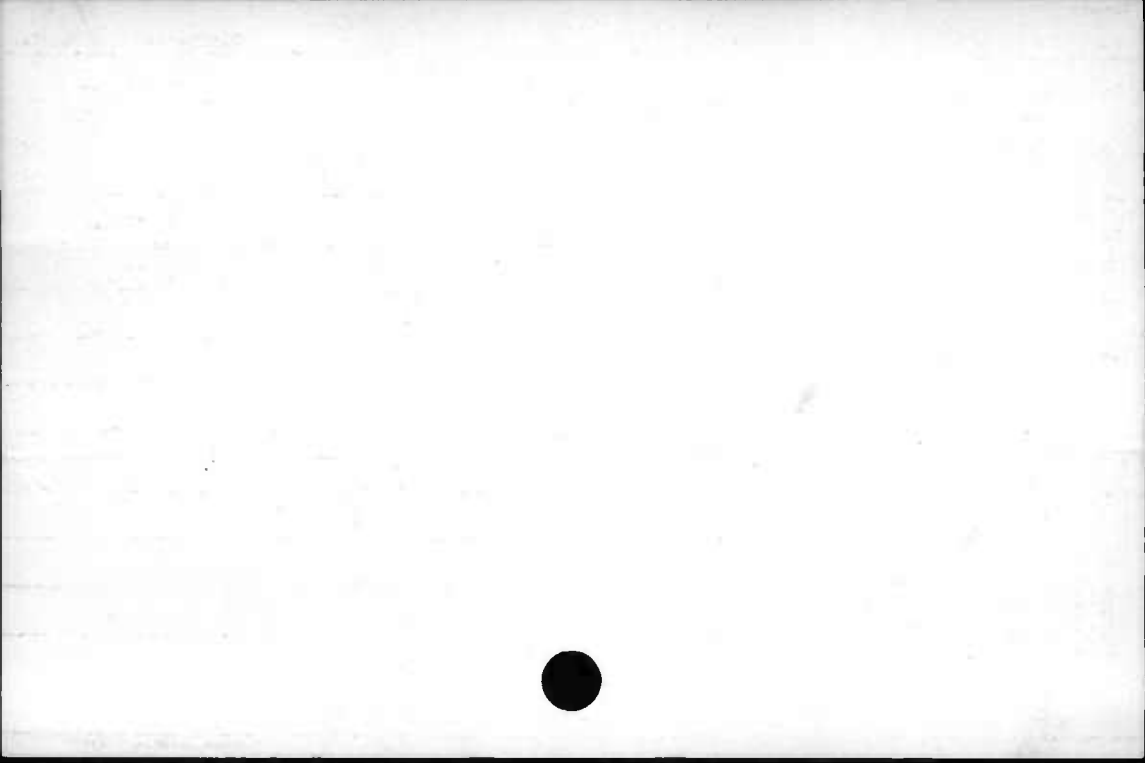
Immediate *Exhaustion* How long *Hours*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *W. Lloyd*

Address *Adg 2 Mc*

Accident or Suicide? ☐



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Ridgely</u> <small>Town</small>		<u>St. Marys</u> <small>County</small>	
		Date of death <u>1906</u> <small>Month</small> <u>May</u> <small>Day</small> <u>8</u>		Age <u>20</u> <small>Years</small> <u></u> <small>Months</small> <u></u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>Col</u>	
		Occupation <u>Domestic</u>		Birth-place <u>St. Marys</u>	
		Where Residing if not at place of death			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>George Forest</u>	
		Father's Name <u>Robert Millard</u>		Father's Birthplace <u>MD</u>	
		Mother's Maiden Name <u>Jenny Clinton</u>		Mother's Birthplace <u>MD</u>	
Name of person giving information <u>George Forest</u>		How related to deceased <u>Husband</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Nephritis</u>		How long <u>4 months</u>	
		Immediate <u>Nemic Poison</u>		How long <u>36 hours</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. Long</u>	
		Address <u>Ridgely</u>			
Accident or Suicide? <u></u>					



Name  
in  
Full

William M. Goy

## CERTIFICATE OF DEATH

Died at *Corkville* TownCounty  
*St Mary's*

MARYLAND

Date  
of death *1906* Month *May*Day  
*14*Age  
Years

Months

Days  
*1*Sex *Male*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*William L Lloyd*Father's  
Birthplace*Maryland*

Mother's

Maiden Name

*Eliza Goy*Mother's  
Birthplace*"*Name of person giving  
In formation*Grandmother*How related  
to deceased

## CAUSES OF DEATH

Primary

*Premature delivery*

How long

*(15)*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes for*Signature of  
Physician

Address

*J. J. King**Corkville**Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Unnamed Baby of Sy. Hodge -  
Town Clements County St. Marys-

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1906 Month May Day 23 Age Years Months 1 Days

Sex Male Color or Race Colored Birth-place -

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Sy. Hodge - Father's Birthplace Md.

Mother's Maiden Name Annie Thompson - Mother's Birthplace "

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary 85 How long

Immediate Spontaneous Hemorrhages How long 12 hours -

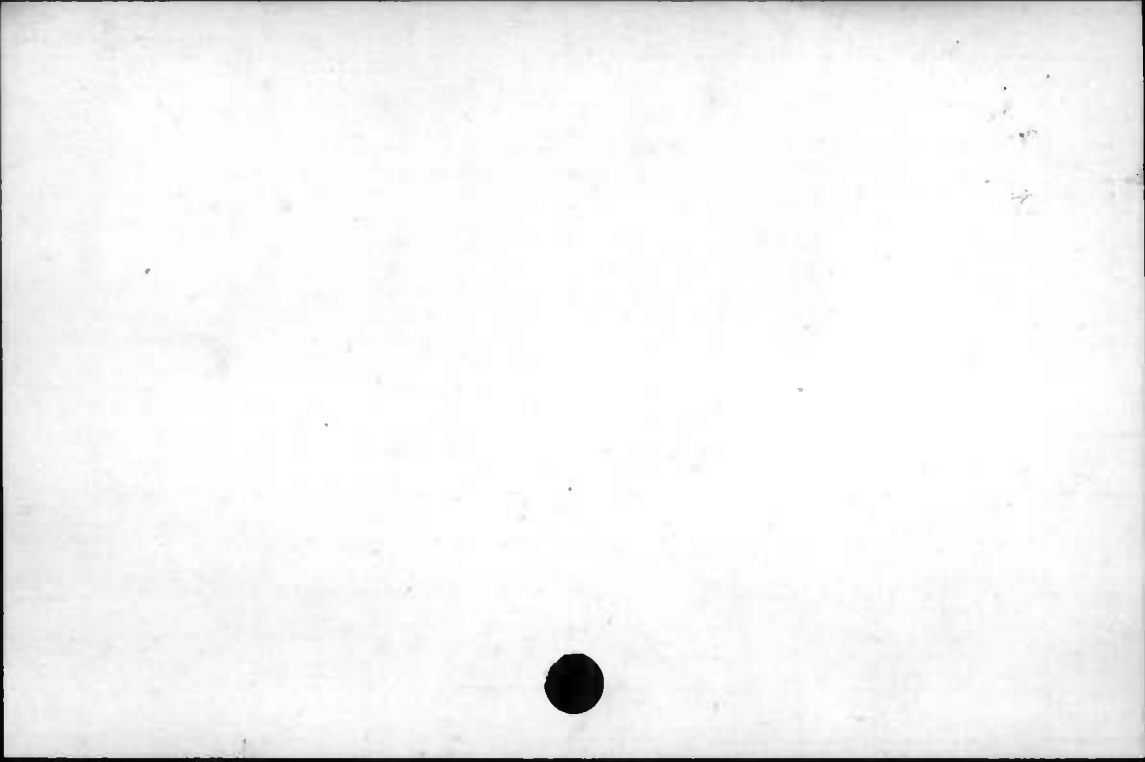
Are the name, age, sex, color, date and place correctly given above? Signature of Physician L. C. Johnson

Address Mufanga -

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
Corrie Jackson		Town Cockeysville		County St Mary's	
Died at		Date of death		MAYLAND	
1906		Month May		Day 6	
Age 47		Years		Months	
Sex Female		Color or Race Black		Birthplace Ind	
Occupation Serrant		Where Residing if not at place of death some place			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information Grand Son		How related to deceased			
CAUSES OF DEATH					
Primary Cancer		How long 16 mos			
Immediate Gangrene		How long 4 days			
Are the name, age, sex, color, date and place correctly given above? as I know		Signature of Physician J. J. King		Address Cockeysville Ind.	
Accident or Suicide?					



Name  
in  
Full

William Jones

## CERTIFICATE OF DEATH

MARYLAND

Died at *ahill* TownCounty *St. Mary's*Date  
of death *1906*Month  
*5*Day  
*17*Age  
*5-5-*

Years

Months  
*—*Days  
*—*Sex *male*Color or  
Race*colored*Birth-  
place*md*

Occupation

*laborer*Where Residing if not  
at place of death*—*Married, Single  
or Widowed*married*Name of Wife or  
Husband*Sybil Jones*Father's  
Name*Robert Jones*Father's  
Birthplace*md*Mother's  
Maiden Name*Sybil Jefferson*Mother's  
Birthplace*md*Name of person giving  
In formation*Sybil Jones*How related  
to deceased*wife*

## CAUSES OF DEATH

Primary

(64)

How long

Immediate

*Cerebral apoplexy*

How long

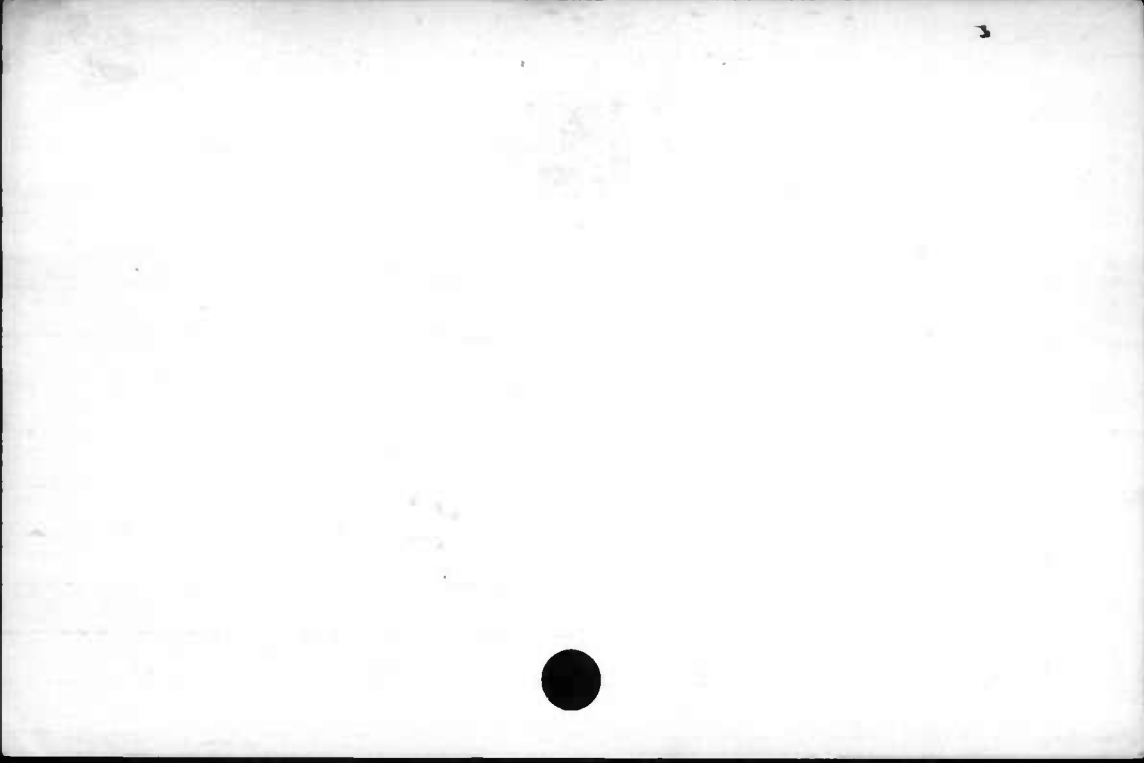
*stroke*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*W. V. Palmer*

Address

*Palmer*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Maggie M Monio

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Belmont* TownCounty *Harris*Date of death *1906 May*Day *22*Age *39* Years

Months

Days

Sex *Female*Color or  
Race *White*Birth-  
place *Harris*Occupation *Housewife*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Peter L Monio*Father's  
Name *John W Raley*Father's  
Birthplace *Harris Co*Mother's  
Maiden Name *Lizzie Child*Mother's  
Birthplace *Harris Co*Name of person giving  
In formation *Claude Raley*How related  
to deceased *Brother*

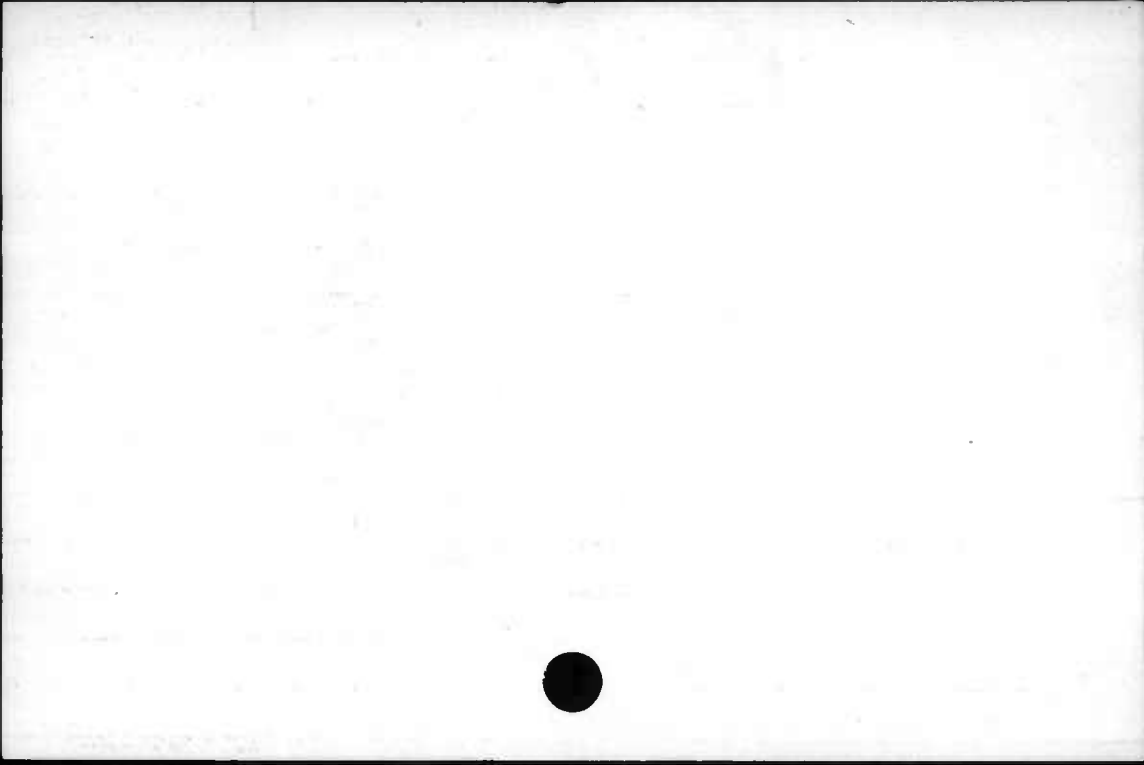
## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long *2 years*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Thos L. Gault*Address *Lebanon, Mo*

Accident or Suicide?



Name  
in  
Full

Margaret Kelly

## CERTIFICATE OF DEATH

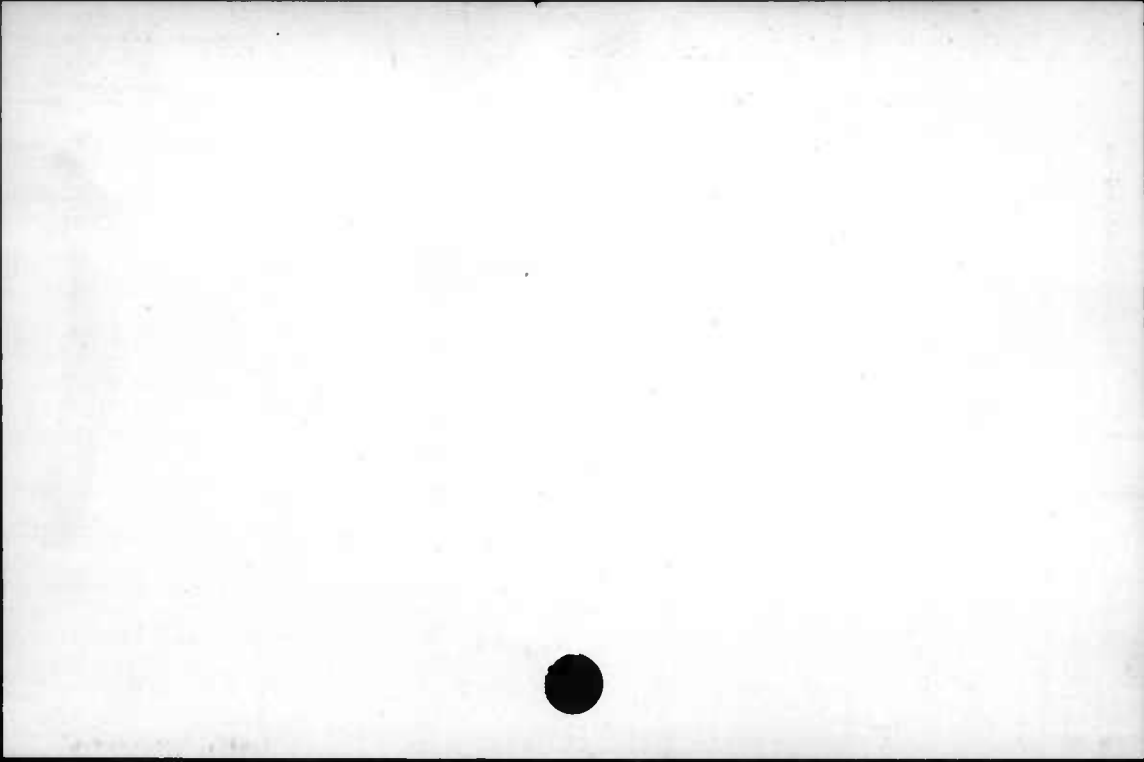
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Loundtown</u> <sup>Town</sup>		<u>Harveys</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>May</u> <sup>Month</sup>	<u>9</u> <sup>Day</sup>	Age <u><del>22</del></u> <sup>Years</sup>	<u>11</u> <sup>Months</sup>	<u>9</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Harveys</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>Wm Walter Kelly</u>			Father's Birthplace <u>Harveys</u>		
Mother's Maiden Name <u>Pauline S Mattingley</u>			Mother's Birthplace <u>Harveys</u>		
Name of person giving information <u>Wm W Kelly</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>12 weeks</u>
Immediate <u>Dysentery</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thos Lynch</u>
	Address _____
Accident or Suicide? _____	



Name  
in  
Full

Morgana Sterling

## CERTIFICATE OF DEATH

MARYLAND

Died at Leonardtown Maryland

Date of death 1906 May 11 Age 28

Sex Female Color or Race White Birthplace St Marys

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband L J Sterling

Father's Name John J Decker Father's Birthplace St Marys

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

Primary Unia

How long About 1 month

Immediate Periparturient Colapsum

How long Half hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L J Decker Leonardtown Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

